

## **1. Introduction and who this Standard Operating Procedure applies to**

Stratified follow-up is an approach to steering individuals onto the best pathway to address their specific needs. It has a focus on promoting wellbeing, recovery and empowerment to provide individuals with the information and confidence to have an active role in their care.

The overall aim of the approach is to improve patient experience and outcomes. Improving quality of care, by tailoring aftercare and embedding supported self-management within the cancer pathway.

Implementation of stratified follow-up with a focus on self-management reduces the frequency of hospital based follow-up appointments and supports individuals to live well after treatment.

The purpose of the Colorectal cancer surveillance protocol is to remotely monitor patients for the early detection of recurrent or metastatic colorectal cancer following treatment for colorectal cancer. Patients are monitored through a standardised, consultant agreed and nationally recognised plan of investigations.

## **2. Guideline Scope**

Patients are identified as suitable to enter the Surveillance programme following MDT discussion and/or consultant review. The relevant surveillance plan will be documented in the medical records at time of consultant review post treatment.

Patients details are entered onto an electronic database. (Excel spreadsheet) This database is stored on the stoma data drive, which has access limited to the colorectal nursing team and the colorectal cancer surveillance administrator.

Data collected includes Hospital Number, Surname, First Name, Responsible Consultant, Pre-operative therapy, Type of surgery, Date of Surgery, Any evidence of metastatic disease at time of presentation, TNM staging, presence/lack of stoma, possibility of reversal of stoma, full colonoscopy completed or not, adjuvant treatment or not.

This will be monitored by the CNS team and Colorectal Cancer Surveillance Administrator.

Refer to surveillance plan flowcharts in Appendices

This document applies to Colorectal Clinical Nurse Specialists (CNS) and the Colorectal Cancer Surveillance Administrator.

## **3. Duties (Roles and Responsibilities)**

The Consultant, CNS and Stratified Pathway Co-ordinators must attend the weekly tumour group Multi-Disciplinary Team meeting or send a deputy in their absence.

The Consultant and CNS have a post surgery clinical appointment with the patient where the follow up plan is fully discussed and explained. The final decision to be added to a surveillance pathway lies with the managing consultant.

The Colorectal Surveillance Administrator will monitor the IT systems and co-ordinate scheduling of tests, ensuring all patients receive notification of tests.

The Stratified Pathway Co-ordinators monitor attendance for planned tests and communicate to the Consultant and CNS when they need to review results.

If at any point the patient is no longer eligible for remote monitoring they are either presented to local MDT for review and treatment plan or brought back to clinic for clinical review by the managing consultant.

### **3. Education and Training**

All Colorectal Clinical Nurses and the Colorectal Surveillance Administrator require access to and knowledge of relevant reporting systems to obtain result for entry on to the database. These include but are not limited to: ICris, ICE, ILab, GI reporting Tool, patient centre and HISS. Staff will attend the relevant training necessary to access these systems.

### **4. Monitoring Compliance**

<b>What will be measured to monitor compliance</b>	<b>How will compliance be monitored</b>	<b>Monitoring Lead</b>	<b>Frequency</b>	<b>Reporting arrangements</b>
Test required are requested at the correct point in pathway	Manual quality checking of the surveillance database	Colorectal Nurse Manager and Colorectal Surveillance Administrator	Monthly	Cancer Information System
All patients are entered correctly on to the surveillance database and discharged where appropriate	Manual Audit of patient records	Colorectal Nurse Manager and Colorectal Surveillance Administrator	Annually	Internal Audit

### **5. Supporting References**

ACPGBI Guidelines for the Management of Cancer of the Colon,Rectum and Anus (2017)

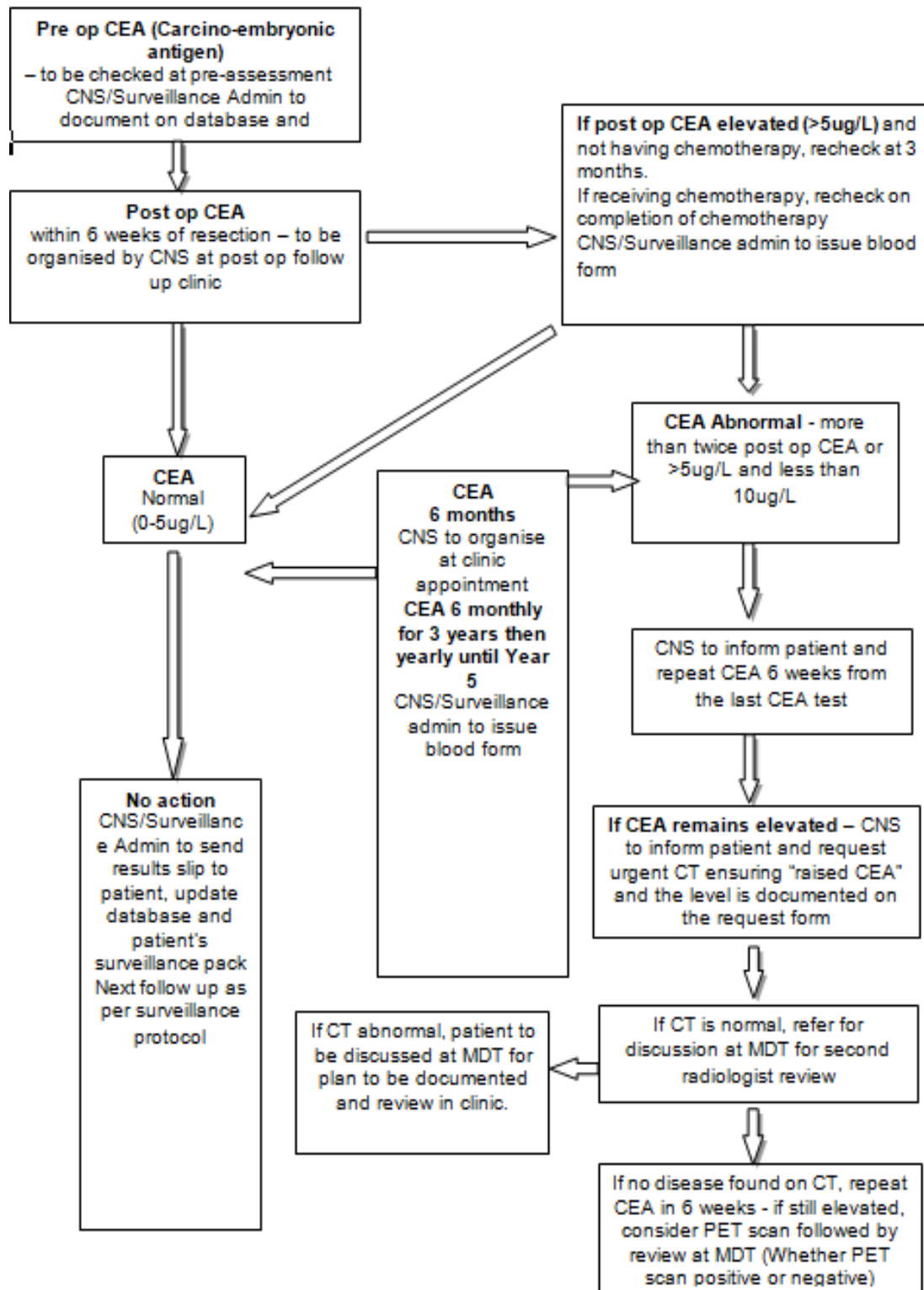
### **6. Key Words**

Colorectal Surveillance

<b>CONTACT AND REVIEW DETAILS</b>	
<b>Guideline Lead: Jacquette Masterman (Colorectal Nurse Manager)</b>	<b>Executive Lead: Mr Sanjay Chaudhri (Colorectal Consultant)</b>
<b>Details of Changes made during review:</b>	

Appendix 1 – CEA Protocol

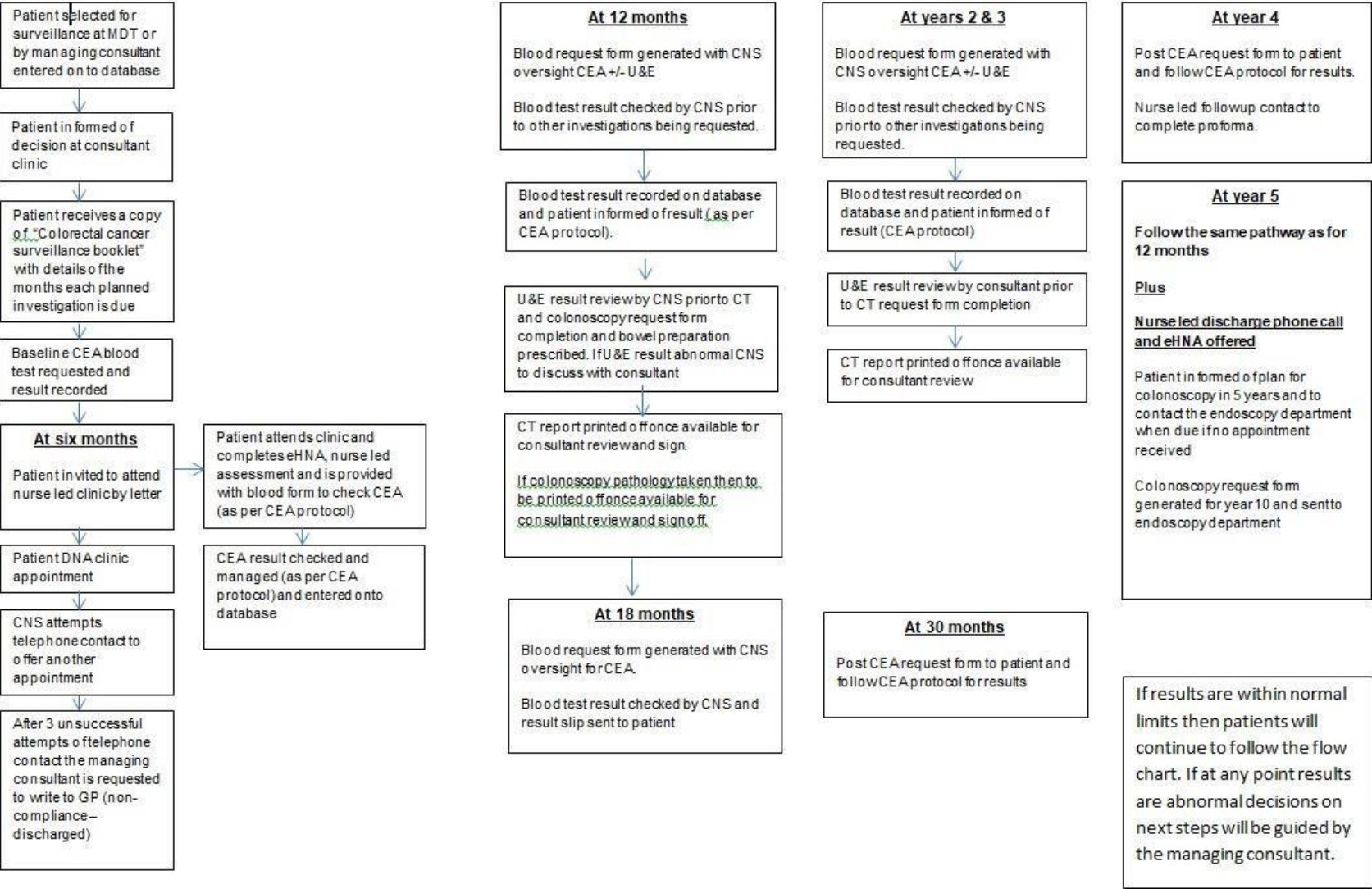
CEA Protocol 2019



# Appendix 2 – Standard Colorectal Surveillance

## Colorectal Surveillance plan (Standard)

Colorectal standard surveillance plan V1 Sept 19



# COLORECTAL CANCER SURVEILLANCE PLAN

University Hospitals of Leicester 

NHS Trust

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Consultant		Name		
Operation		Hospital number		
		Date of Birth		
Date of operation		Phone Number		
Histology				
Entire Colon screened pre-op Y / N		Colonoscopy Date		
Lung	Liver	Other	Stoma	Reversal Date
Pre operative Treatment required Y/ N		Post operative treatment required Y / N		
Date Commenced		Date Commenced		
Nurse led appt	INVESTIGATION	DATE DUE	COMPLETED	OUTCOME / RESULT
<b>12 MONTHS</b>	Colonoscopy			
D/B   Form				
<b>12 MONTHS</b>	CT Thorax abdomen and pelvis			
D/B   Form				
<b>2 YEARS</b>	CT Thorax abdomen and pelvis			
D/B   Form				
<b>3 YEARS</b>	CT Thorax abdomen and pelvis			
D/B   Form				
<b>4 YEARS</b>	Nurse led follow up contact			
D/B   Form				
<b>5 YEARS</b>	CT Thorax abdomen and pelvis			
D/B   Form				
<b>To check and hand form in</b>	Request year 10 colonoscopy			

# CEA RESULTS

Name.....

Hospital No.....

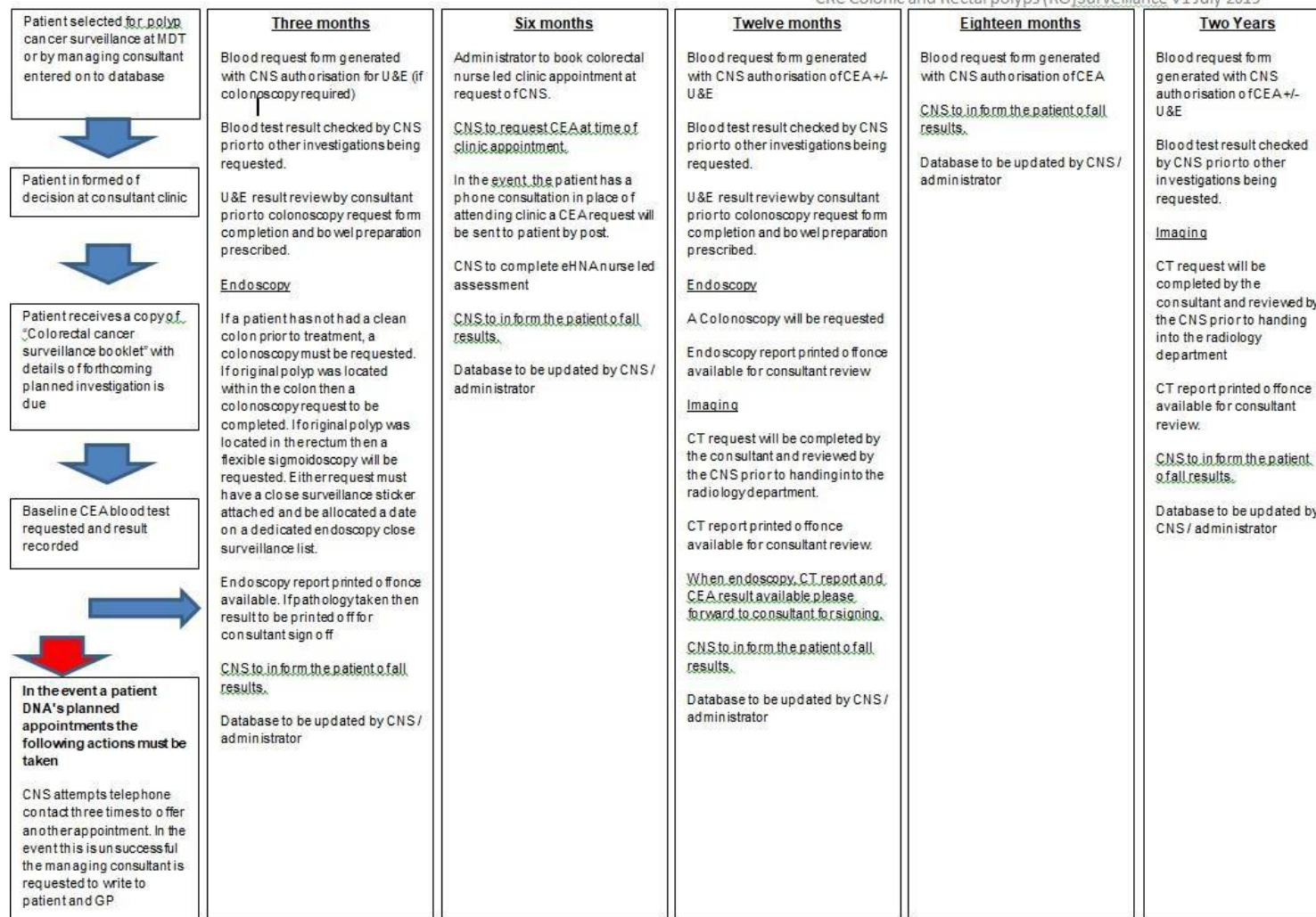
	Date Due	Date completed	Result	Date results slip sent	Actions
Pre op					
D/B					
Post op					
D/B					
6 months					
D/B					
12 months					
D/B					
18 months					
D/B					
2 years					
D/B					
2 ½ years					
D/B					
3 years					
D/B					
4 years					
D/B					
5 years					
D/B					

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## Appendix 3 – Colonic and Rectal Polyps Surveillance

CRC Colonic and Rectal polyps (RO) Surveillance V1 July 2019



<u>Two and half years</u>	<u>Three Years</u>	<u>Four Years</u>	<u>Five Year</u>
<p>Blood request form generated with CNS authorisation of CEA</p> <p><u>CNS to inform the patient of all results.</u></p> <p>Database to be updated by CNS/ administrator</p>	<p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p> <p>Blood test result checked by CNS prior to other investigations being requested.</p> <p><u>Imaging</u></p> <p>A CT request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>CT report printed off once available for consultant review.</p> <p>CNS to inform the patient of all results.</p> <p>Database to be updated by CNS/ administrator</p>	<p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p> <p>Blood test result checked by CNS.</p> <p>U&amp;E result review by consultant prior to colonoscopy request form completion and bowel preparation prescribed</p> <p><u>Endoscopy</u></p> <p>A colonoscopy will be requested.</p> <p><u>Imaging</u></p> <p>No Imaging required</p> <p>Following colonoscopy CNS to contact the patient, inform the patient of CEA result and complete colorectal followup proforma</p> <p>Database to be updated by CNS/ administrator</p>	<p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p> <p>Blood test result checked by CNS prior to other investigations being requested.</p> <p><u>Imaging</u></p> <p>A CT request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>CT report printed off once available for consultant review. Discharge summary to be completed by the managing consultant and include the next step.</p> <p><u>CNS to inform the patient of all results.</u></p> <p>If consultant requests further endoscopy CNS/ administrator to check request is waiting list active before discharging from the database</p> <p>Database to be updated by CNS/ administrator.</p>



# COLONIC and RECTAL (RO) MALIGNANT POLYP CANCER SURVEILLANCE PLAN

Consultant	Name
Site of polypectomy	Hospital number
Date of polypectomy	Date of Birth
Histology	
Entire Colon screened pre-op Y / N	Colonoscopy/ CTC date
Date CT staging completed	
	Post operative treatment required Y / N Date Commenced

	INVESTIGATION	DUE	COMPLETE	OUTCOME / RESULT
<b>3 MONTHS</b>	Endoscopy (flexi/colon) Assess Scar			
D/B    Form				
<b>6 MONTHS</b> if risk stratification identified at MDT	Endoscopy (flexi/colon) Assess Scar  Nurse Led Clinic			
D/B    Form				
<b>12 MONTHS</b>	Colonoscopy CT Thorax abdomen and pelvis			
D/B    Form				
<b>2 YEARS</b>	CT Thorax abdomen and pelvis			
D/B    Form				
<b>3 YEARS</b>	CT Thorax abdomen and pelvis			
D/B    Form				
<b>4 YEARS</b>	Colonoscopy and phone consultation			
D/B    Form				
<b>5 YEARS</b>	CT Thorax Abdomen and Pelvis			
D/B    Form				

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## CEA RESULTS

	DUE	Date completed	Result	Date results slip sent	Actions
Pre op					
D/B					
Post op					
D/B					
6 months					
D/B					
12 months					
D/B					
18 months					
D/B					
2 years					
D/B					
2 ½ years					
D/B					
3 years					
D/B					
4 years					
D/B					
5 years					
D/B					

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LE,SA,LL,JM

## Appendix 4 - Close Surveillance TEMs and Rectal Polyps R1 Surveillance

CRC complete responders TEMs Rectal polyp R1 mapping V1 Sept 2019

<p>Patient selected for close surveillance at MDT or by managing consultant entered on to database</p>	<p><b>Three months</b></p> <p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p>	<p><b>Six months</b></p> <p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p>	<p><b>Nine months</b></p> <p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p>	<p><b>Twelve months</b></p> <p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p>	<p><b>Eighteen months</b></p> <p>Blood request form generated with CNS authorisation of CEA</p>
<p>Patient informed of decision at consultant clinic</p>	<p>Blood test result checked by CNS prior to other investigations being requested.</p> <p><u>Endoscopy</u></p>	<p>Blood test result checked by CNS prior to other investigations being requested.</p> <p><u>Endoscopy</u></p>	<p>Blood test result checked by CNS prior to other investigations being requested.</p> <p><u>Endoscopy</u></p>	<p>Blood test result checked by CNS prior to other investigations being requested.</p> <p>U&amp;E result review by consultant prior to colonoscopy request form completion and bowel preparation prescribed.</p> <p><u>Endoscopy</u></p>	<p>Blood test result checked by CNS prior to other investigations being requested.</p> <p><u>Endoscopy</u></p>
<p>Patient receives a copy of "close Colorectal cancer surveillance booklet" with details of forthcoming planned investigation is due</p>	<p>If a patient has not had a clean colon prior to treatment, a colonoscopy must be requested. If a colonoscopy was completed then a flexible sigmoidoscopy will be requested. Either request must have a close surveillance sticker attached, bowel preparation prescribed and be allocated a date on a dedicated endoscopy close surveillance list.</p> <p>Endoscopy report printed off once available for consultant review</p> <p><u>Imaging</u></p>	<p>A flexible sigmoidoscopy will be requested and bowel prep prescribed by consultant (enema). A close surveillance sticker must be attached. Patient to be allocated a date on a dedicated endoscopy close surveillance list.</p> <p>Endoscopy report printed off once available for consultant review</p> <p><u>Imaging</u></p>	<p>A flexible sigmoidoscopy will be requested and bowel prep prescribed by consultant (enema). A close surveillance sticker must be attached. Patient to be allocated a date on a dedicated endoscopy close surveillance list.</p> <p>Endoscopy report printed off once available for consultant review</p> <p><u>Imaging</u></p>	<p>A Colonoscopy will be requested and must have a close surveillance sticker attached. Patient to be allocated a date on a dedicated endoscopy close surveillance list.</p> <p>Endoscopy report printed off once available for consultant review</p> <p><u>Imaging</u></p>	<p>A flexible sigmoidoscopy will be requested and bowel prep prescribed by consultant (enema) and must have a close surveillance sticker attached. Patient to be allocated a date on a dedicated endoscopy close surveillance list.</p> <p>Endoscopy report printed off once available for consultant review</p> <p><u>Imaging</u></p>
<p>Baseline CEA blood test requested and result recorded</p>	<p>An MRI request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>MRI report printed off once available for consultant review.</p> <p>When endoscopy report, MRI report and CEA result available please refer for discussion at MDT</p> <p>CNS to inform the patient of all results.</p> <p>Database to be updated by CNS / administrator</p>	<p>A MRI and CT request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>MRI and CT report printed off once available for consultant review.</p> <p>When endoscopy, MRI and CT reports and CEA result available please refer for discussion at MDT</p> <p>When CNS available, to attend endoscopy to complete eHNA nurse led assessment</p> <p><u>CNS to inform the patient of all results.</u></p> <p>Database to be updated by CNS / administrator</p>	<p>A MRI request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>MRI report printed off once available for consultant review.</p> <p>When endoscopy report, MRI report and CEA result available please refer for discussion at MDT</p> <p>CNS to inform the patient of all results.</p> <p>Database to be updated by CNS / administrator</p>	<p>An MRI and CT request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>MRI and CT report printed off once available for consultant review.</p> <p>When endoscopy, MRI and CT reports and CEA result available please refer for discussion at MDT</p> <p>CNS to inform the patient of all results.</p> <p>Database to be updated by CNS / administrator</p>	<p>An MRI request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>MRI report printed off once available for consultant review.</p> <p>CNS to inform the patient of all results.</p> <p>Database to be updated by CNS / administrator</p>
<p>In the event a patient DNA's planned appointments the following actions must be taken</p> <p>CNS attempts telephone contact three times to offer another appointment. In the event this is unsuccessful the managing consultant is requested to write to patient and GP</p>					

<b><u>Two Years</u></b>	<b><u>Two and half years</u></b>	<b><u>Three Years</u></b>	<b><u>Four Years</u></b>	<b><u>Five Year</u></b>
<p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p> <p>Blood test result checked by CNS prior to other investigations being requested.</p> <p><u>Endoscopy</u></p> <p>A flexible sigmoidoscopy will be requested and bowel prep prescribed by consultant (enema). A close surveillance sticker must be attached. Patient to be allocated a date on a dedicated endoscopy close surveillance list.</p> <p>Endoscopy report printed off once available for consultant review</p> <p><u>Imaging</u></p> <p>An MRI and CT request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>MRI and CT report printed off once available for consultant review</p> <p>CNS to inform the patient of fall results.</p> <p>Database to be updated by CNS / administrator</p>	<p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p> <p>Blood test result checked by CNS prior to other investigations being requested.</p> <p><u>Endoscopy</u></p> <p>A flexible sigmoidoscopy will be requested and bowel prep prescribed by consultant (enema). A close surveillance sticker must be attached. Patient to be allocated a date on a dedicated endoscopy close surveillance list.</p> <p>Endoscopy report printed off once available for consultant review</p> <p><u>Imaging</u></p> <p>An MRI request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>MRI report printed off once available for consultant review.</p> <p>CNS to inform the patient of fall results.</p> <p>Database to be updated by CNS / administrator</p>	<p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p> <p>Blood test result checked by CNS prior to other investigations being requested.</p> <p><u>Endoscopy</u></p> <p>A flexible sigmoidoscopy will be requested and bowel prep prescribed by consultant (enema). A close surveillance sticker must be attached. Patient to be allocated a date on a dedicated endoscopy close surveillance list.</p> <p>Endoscopy report printed off once available for consultant review</p> <p><u>Imaging</u></p> <p>An MRI and CT request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>MRI and CT report printed off once available for consultant review.</p> <p>CNS to inform the patient of fall results.</p> <p>Database to be updated by CNS / administrator</p>	<p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p> <p>Blood test result checked by CNS prior to other investigations being requested.</p> <p><u>Endoscopy</u></p> <p>A Flexible sigmoidoscopy will be requested and must have a close surveillance sticker attached and bowel preparation prescribed. Patient to be allocated a date on a dedicated endoscopy close surveillance list.</p> <p>Endoscopy report printed off once available for consultant review</p> <p><u>Imaging</u></p> <p>A CT request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>CT report printed off once available for consultant review.</p> <p>CNS to inform the patient of fall results.</p> <p>Database to be updated by CNS / administrator</p>	<p>Blood request form generated with CNS authorisation of CEA +/- U&amp;E</p> <p>Blood test result checked by CNS prior to other investigations being requested.</p> <p><u>Endoscopy</u></p> <p>A colonoscopy will be requested and bowel prep prescribed by consultant. A close surveillance sticker must be attached. Patient to be allocated a date on a dedicated endoscopy close surveillance list.</p> <p>Endoscopy report printed off once available for consultant review</p> <p><u>Imaging</u></p> <p>A CT request will be completed by the consultant and reviewed by the CNS prior to handing into the radiology department.</p> <p>CT report printed off once available for consultant review.</p> <p>CNS to inform the patient of fall results.</p> <p>Discharge summary to be completed by the managing consultant and include the next step. CNS/administrator to check next step is waiting list active before discharging from the database</p>

# SURVEILLANCE-RECTAL CANCER COMPLETE RESPONDERS, TEMS and RECTAL POLYP ( R1)

Consultant		Name		
Treatment summary		Hospital number		
		Phone number		
Date of commencement of treatment		Date of Birth		
Histology				
Entire Colon screened pre-op Y / N		Colonoscopy/CTC Date		
CT Colonogram date		Stoma	Date	
Pre operative Treatment required Y/ N		Post operative treatment required Y / N		
Date Commenced		Date Commenced		
May amend due to Clatterbidge letter	<b>INVESTIGATION</b>	<b>REQUESTED FOR</b>	<b>COMPLETED</b>	<b>OUTCOME / RESULT</b>
<b>3 MONTHS</b> D/B      Form	Endoscopy to access the scar			
<b>3 MONTHS</b> D/B      Form	MRI CEA			
<b>6 MONTHS</b> D/B      Form	FLEXI-SIG CEA			
<b>6 MONTHS</b> D/B      Form	MRI CT			
<b>9 MONTHS</b> D/B      Form	MRI			
<b>9 Months</b> D/B      Form	FLEX-SIG CEA			

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Name.....

Hosp Number.....

		Investigation	Requested For	Completed	Result/Outcome
<b>1 YEAR</b>		CT			
Form	D/B	MRI			
<b>1 YEAR</b>		CEA			
Form	D/B	Colonoscopy			
<b>18 MONTHS</b>		MRI			
Form	D/B				
<b>18 MONTHS</b>		Flexi- Sig			
Form	D/B	CEA			
<b>YEAR 2</b>		MRI			
Form	D/B	CT			
<b>YEAR 2</b>		CEA			
Form	D/B	Flexi- Sig			
<b>YEAR 2.5</b>		MRI			
Form	D/B				
<b>YEAR 2.5</b>		Flexi- Sig			
Form	D/B	CEA			
<b>YEAR 3</b>		CT			
	D/B	MRI			
<b>YEAR 3</b>		Flexi			
Form	D/B	CEA			
<b>YEAR 4</b>		CT			
Form	D/B				
<b>YEAR 4</b>		CEA			
Form	D/B	Flexi			
<b>YEAR 5</b>		CT			
Form	D/B	colonoscopy CEA			